

## STATE OF NEW JERSEY

DEPARTMENT OF EDUCATION  
Office of Licensure and Credentials  
PO Box 500  
Trenton, NJ 08625-0500

## STATEMENT OF PRACTICAL EXPERIENCE

**Section One must be completed by the applicant.** The applicant must then mail this form to past employers who can substantiate **AT LEAST FOUR YEARS** of successful work experience in the relevant trade or occupation approved by the employing district pursuant to criteria and procedures established by the State Department of Education. **Recent work experience is required. Teaching within the occupational area CANNOT be applied toward the occupational experience requirement.**

**ALL INFORMATION ON THIS REPORT WILL BE STRICTLY CONFIDENTIAL**

**Section: THIS SECTION MUST BE COMPLETED BY THE APPLICANT**

To Whom It May Concern:

This form is being sent to you in behalf of \_\_\_\_\_ who was formally  
(Applicant's Name)  
employed by you in the capacity of \_\_\_\_\_  
(Position or Title)  
from (Month)\_\_\_\_\_ (Year)\_\_\_\_\_ to (Month)\_\_\_\_\_ (Year)\_\_\_\_\_ so that an evaluation  
for a New Jersey License to teach\_\_\_\_\_ can be determined.

**Section II: SECTIONS II THROUGH V MUST BE COMPLETED BY THE EMPLOYER**

**Applicant's Title/Position:** \_\_\_\_\_

**Dates Employed:** Month\_\_\_\_\_ Year\_\_\_\_\_ to Month\_\_\_\_\_ Year\_\_\_\_\_

**Hours Employed:** \*Full Time\_\_\_\_\_ Hours Per Week\_\_\_\_\_ Weeks Per Year\_\_\_\_\_

\*Part Time\_\_\_\_\_ Hours Per Week\_\_\_\_\_ Weeks Per Year\_\_\_\_\_

**Section III: Please include remarks concerning the applicant's work performance and safety practices on the job.**


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**Section IV: Please describe in detail the type of work performed by the applicant while in your employment.**

**Duties Performed:** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Machinery/Equipment and Tools Used:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Section V: THIS SECTION MUST BE COMPLETED AND SIGNED BY THE EMPLOYER OR COMPANY REPRESENTATIVE.**

**Date:** \_\_\_\_\_ **Name of Company** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Fax #** \_\_\_\_\_

**Signature of Authorized Person Completing Form:** \_\_\_\_\_

**Print \Type Name of Person Completing Form:** \_\_\_\_\_

**Position of Person Completing Form:** \_\_\_\_\_